











HIP Waiver Training



Hoosier Healthwise | Healthy Indiana Plan | Hoosier Care Connect





Agenda

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-  MCE Selection Period
-  Benefit Period vs Eligibility Year
-  Redetermination
-  PAC Tier Payment
-  Tobacco Surcharge
-  Emergency Room Co-Pays
-  Chiropractic Benefits
-  HIP Maternity
-  Other Proposed Amendments

What is the 1115 Waiver?

 HIP 2.0 is scheduled to expire on **January 31, 2018**.

 The 1115 demonstration waiver extension application is to request CMS approval to continue Healthy Indiana Plan (HIP) for **another three years**, to be active February 1, 2018, to January 31, 2021.

 The waiver request includes the core elements of HIP 2.0 with **several program enhancements**, technical revisions to Special Terms and Conditions and a request to expand access to critical mental health and substance use disorder services to all full benefit Medicaid recipients.

New Logo







Moving away from "HIP 2.0" in 2018





MCE Selection Period

MCE Selection Period

-  Also known as 'Health Plan Selection'
-  Runs November 1 – December 15
-  Only time of year a member can change their MCE without 'just cause'
-  Members can no longer change MCE at redetermination
-  Members will be '**locked in**' to the MCE they selected for a year
-  Can request a change if they were not able to participate in MCE Selection Period
 - Transitioning from another Medicaid program
 - Within first 90 days of redetermination lockout
 - Not fully eligible and did not select an MCE at enrollment




Benefit Period vs Eligibility Year



Benefit Period vs Eligibility Year

Members will now have to track two different time spans – their **benefit** year and their **eligibility** year.

Benefit Year

 Members' benefit year will now be a **calendar year** running January to December.

 If member leaves HIP and returns in that same calendar year, they will **return to the MCE** they were assigned to when they left the program.





 Members will **not be able to switch** MCEs during their benefit year without 'Just cause'.

 Member's benefit limits and POWER Account reset each **January**.




Benefit Period vs Eligibility Year Cont.


Eligibility Year


-  Members' **eligibility year** will remain unique to the member. They will have the same redetermination process each 12 months.
-  This process will occur based on the month the member **entered** the program.
-  Eligibility Year will be **different** for each person.
-  Members will receive a reminder that it's time for eligibility redetermination. If they do not respond as directed, they may lose coverage.

Redetermination

Redetermination

 Redetermination and eligibility spans do **not change**

 State notifies members **45 days before** coverage ends

 Must submit required documentation within 90 days of disenrollment date to not have to re-apply for HIP

- Will be considered disenrolled or not eligible until documents received
- This is called a “soft lockout”

Redetermination Cont.



After the first 90 days, if a member does not submit the required documentation:

- HIP Plus Member at or below 100% FPL = drops to HIP Basic and cannot re-apply for HIP Plus for 90 additional days
- HIP Plus Member above 100% FPL = must wait 90 days to re-apply for HIP benefits








This is called a “hard lockout”



PAC Tier Payments

PAC Tier Payments

POWER Account contribution amounts are changing January 1, 2018.





-  Begins 1/1/2018
-  No longer 2% of income
-  Based on FPL
-  Tiers 1 – 5
-  PAC amounts ranging from \$1 - \$20 per month

FPL	Tier	Monthly PAC Single Individual	Monthly PAC Spouses
<u>≤ 22%</u>	1	\$1	\$1
23-50%	2	\$5	\$2.50
51-75%	3	\$10	\$5
76-100%	4	\$15	\$7.50
101-138%	5	\$20	\$10




Tobacco Surcharge

Tobacco Surcharge


-  HIP members who use tobacco will have to **pay a surcharge** beginning in 2019
-  Tobacco user: a person who has used tobacco **4 or more times** per week in the last 6 months
-  Tobacco includes: chewing tobacco, cigarettes, cigars, pipes, hookah and snuff
-  It **does not include** the use of nicotine delivery devices (i.e. e-cigarettes, vapes)

Tobacco Surcharge





 Members will **self-attest** tobacco use during initial application and MCE Selection Period – **HNS does not count**

 MHS will begin **tracking** tobacco use on 1/1/2018

 First surcharge will **not be assessed** until 1/1/2019

 Use is tracked for 1st benefit year, then assessed the **2nd benefit year** if still using

Tobacco Surcharge

-  Once assessed the surcharge, will pay the **entire year** even if they quit
-  Can contact MHS at any time to notify they have quit
-  Can ask for tobacco use indicator to be changed if marked yes in error
-  MHS will be offering expanded incentives for quitting tobacco

Tobacco Surcharge

 Surcharge is based on the member's tier


Tier	Monthly PAC Single Individual	Monthly PAC Spouses	PAC with Tobacco Surcharge	Spouse PAC when one has tobacco surcharge	Spouse PAC when both have tobacco surcharge (each)
1	\$1	\$1	\$1.50	\$1 & \$1.50	\$1.50
2	\$5	\$2.50	\$7.50	\$2.50 & \$3.75	\$3.75
3	\$10	\$5	\$15	\$5 & \$7.50	\$7.50
4	\$15	\$7.50	\$22.50	\$7.50 & \$11.25	\$11.25
5	\$20	\$10	\$30	\$10 & \$15	\$15



Tobacco Surcharge



Invoices updated to reflect tobacco surcharge, PAC tiers and to explain invoice in a clearer way

 **Invoice**

MHS & Ambetter from MHS
550 N. Meridian Street, Ste. 101
Indianapolis, IN 46204

Member ID: XXXXXXXXXX
Invoice #: XXXXXXXXXX
Invoice Date: 12/15/2017
Due Date: 12/15/2017

[Payor Name]
[Payor Address]
[City, State, Zip]


Description	Dates of Coverage	Amount
HIP Power Account Contribution	01/01/2017-01/31/2017	\$15.00
Current Amount Due		\$15.00
Previous Amount Due/ Credit on Account		\$15.00
Total Due		\$15.00

Thank you for making MHS your choice for better healthcare. You are a fully eligible HIP Plus member. This invoice is a reminder that your monthly POWER Account Contribution (PAC) is due.

HIP Plus provides the best value coverage and includes dental, vision and chiropractic services. Please send your payment today to continue to receive your medical, dental, vision and chiropractic benefits. Do you have CentAccount rewards? You can use them to pay your PAC!

For billing questions, to receive this statement by email or in another language, or to learn more about HIP Plus coverage, please visit our website at mhsindiana.com or call MHS Member Services at 1-877-647-4848.

Please detach and return bottom portion with payment

 **MHS & Ambetter from MHS**
550 N. Meridian Street, Ste. 101
Indianapolis, IN 46204
1-877-647-4848

Make Check Payable to:
MANAGED HEALTH SERVICES
Invoice # [12345678912]
Due Date [12/31/2017]

MANAGED HEALTH SERVICES
Mailstop 16253487
PO Box 660160
Dallas, TX 75266-0160

HIP Plus FENFP1

HIP Plus members pay an affordable monthly contribution, based on their income. The following table shows these amounts. If you are eligible for HIP and you are a tobacco user, you may have an increased POWER Account contribution in your second year of coverage.

Tier	Monthly PAC Single Individual	Monthly PAC Spouses	PAC with Tobacco Surcharge	Spouse PAC when one has tobacco surcharge	Spouse PAC when both have tobacco surcharge (each)
1	\$1	\$1	\$1.50	\$1 & \$1.50	\$1.50
2	\$5	\$2.50	\$7.50	\$2.50 & \$3.75	\$3.75
3	\$10	\$5	\$15	\$5 & \$7.50	\$7.50
4	\$15	\$7.50	\$22.50	\$7.50 & \$11.25	\$11.25
5	\$20	\$10	\$30	\$10 & \$15	\$15

Payment: Monthly contributions are due by the due date listed on the invoice. After that due date, you have 60 days to make a payment before losing HIP Plus coverage.

Non-Payment: HIP Plus members who choose not to pay their PAC are disenrolled from HIP Plus. If your monthly income is below the federal poverty level, you will be enrolled in HIP Basic where members are required to make copayments. If your income is above the federal poverty level, you will lose your health coverage and will not be able to re-apply for 6 months. Members who are medically frail, living in a domestic violence shelter, or living in a state-declared disaster area are exempt from the six month lock-out restriction and can re-apply.

Payment Options: MHS accepts the following forms of payment: cash, check, CentAccount Rewards, MoneyGram, debit and credit card.

Pay online at mhsindiana.com
Pay by Phone at 1-877-647-4848
Pay by Mail by sending payment to Managed Health Services; Mailstop 16253487; PO Box 660160; Dallas, TX 75266
Pay at MoneyGram locations (Receive Code: 15200)

Credit Balances and Refunds: Refunds for overpayments and/or credits will be issued to members during the POWER Account reconciliation process. These are issued within 120 days after the end of the member's benefit period. Please call Member Services at 1-877-647-4848 for more information on refunds and rollover.

Fees: A \$25 returned check fee will be charged to your account for any check not honored by your bank or any chargeback received from your credit card issuer.

Reporting a Change: To report a change in address or income, please visit fssa.benefits.in.gov or call 1-800-403-0664.




Emergency Room Co-Pays

ER Co-Pays

 New ER Co-pay policy begins **2/1/2018**

 **No longer** a \$25 co-pay for the first visit

 Members will pay \$8 for every **non-emergent** ER visit




Chiropractic Benefits

Chiropractic Benefits

 New added benefit to **HIP Plus** plan

 Begins 1/1/2018

 Annual limit of 6 spinal manipulation visits per covered person, per benefit year

 Self-referral

 No prior authorization required


 Coverage benefit for covered services from a licensed chiropractor



HIP Maternity

HIP Maternity

 Begins 2/1/2018

 All members enrolled in HIP that become pregnant will stay in HIP

 Will have no co-pays or PAC payment until after post-partum

 Will have a regular HIP Member ID Card


 Will no longer switch between HIP and HHW while pregnant

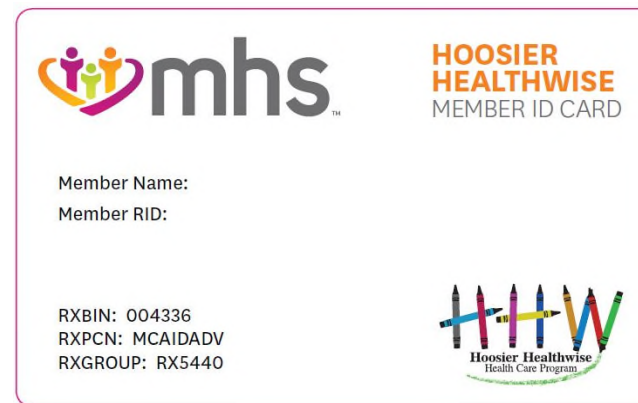


HIP Maternity

 New, pregnant members applying for HIP benefits:

- With FPL above 138% are enrolled **directly into HHW**
- With FPL at or below 138% are enrolled **directly into HIP**

 Will have a HIP or HHW Member ID Card
(no more HIP Maternity ID Cards)





Other Proposed Amendments

Other Proposed Amendments



Transitional Medical Assistance (TMA)

- Proposed to end program in 2018
- Still under review – more to come



HIP Employer Link

- Proposed to end program 1/1/2018



Expanded Incentives


- Proposed new incentives for tobacco cessation, substance use disorder treatment, chronic disease management and employment
- Still under review – more to come




Claim Submission and Appeals Timeframes



Claim Submission and Appeals Timeframes

 Claims must be received by MHS within 90 calendar days of the date of service if Contracted Provider.

 Claim Corrections, Claim Appeals and Disputes must be received by MHS within 67 calendar days of the MHS EOP. (Requests received after day 67 will not be considered)

 Providers must follow the dispute process.



MHS Provider Relations Team

Candace Ervin	Envolve Dental Indiana Provider Relations	1-877-647-4848 ext. 20187	Candace.Ervin@envolvehealth.com
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LaKisha Browder	Behavioral Health Provider Relations Specialist - East Region	1-877-647-4848 ext. 20224	lakisha.browder@mhsindiana.com

Provider Network Territories

Physical Health

PROVIDER NETWORK TERRITORIES

TAWANNA DANZIE

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Exception to map: Franciscan Alliance

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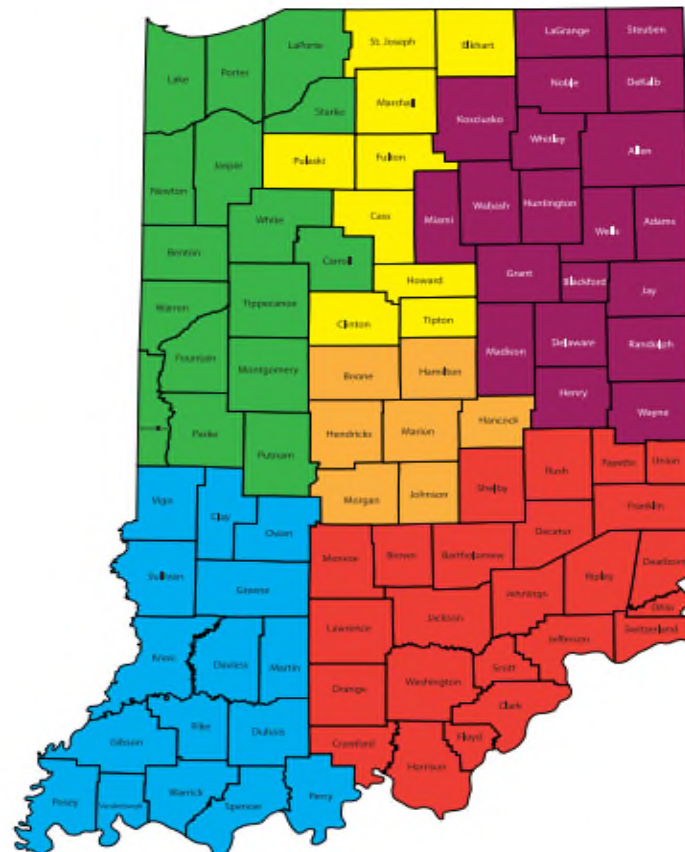
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Exception to map: IU Health, Eskenazi Health

Indiana





Questions?